DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Health Care Financing
HCF 1068C (Rev. 09/01)

Completion of this form is voluntary.



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GENERAL PEDIATRIC CLINIC / 4 MONTH VISIT (See 2nd page for Anticipatory Guidance for 4 months)

Patient Name		Date of Birth	Age	Height	Weight Today's Date					
Accompanied by			Head Circumference							
Parental Concerns			Alertness							
		Activity								
		Response to Examiner								
Feeding: Breas	t x/day,									
Formula: Typ	De() eding oz. Water	Note – Present (+) or Absent (-) as Appropriate (Cross off parts not examined or not applicable)								
	eding oz. Water	Part					Abn			
Solids			Skin: Color, texture							
Sleeping		Head: AP size/ cms								
o.oopg		Eyes: Cover test, lids, pupils, conjunctivae, red reflex								
Skin		Ears: Canals, tympanic membranes, localization of sound Nose & Mouth & Throat: Gums, buccal mucosa, tongue								
		Neck & Chest: Trachea, thyroid, cervical nodes								
Stool Pattern	Heart and Lungs									
Stool Pattern	Abdomen: Size, liver, spleen, kidneys									
Reaction to Pre	Extremities: Hips – abduction click () Tibial malleolar positions feet									
reaction to 1 re	Genitourinary: Penis, meatus, foreskin retraction, testes, vaginal orifice, inguinal nodes, inguinal hernia ()									
Current Living	Neuromuscular: Tone, posture, head control, motor									
_			strength, 0	C2-12, reflexes	s, moro () p	lacing ()				
<u> </u>	(5.1.1.7		palmar gra	asp () planta	grasp() to	onic neck ())			
Parents' Descri	babinski () DTRs Describe abnormal findings.									
Problems Ident	ified and Received		Developme	antal Ohsarı	ations NO	* - Not Ob	served by pa	rents or		
				NO*			orted, O. = O			
			1	G.M.		r from stoma				
					s, chest up with arm support					
						lag when pul				
Physical and Emotional Status						ady when he me weight on				
Filysical allu Li	illotional Status		P.M.			all object – 90°				
						for dangling	•			
						hands togeth				
Diet: Change in Stool with Diet, Scheduling to Fit Family Schedule Additions						bjects and re	sists pull	l		
				Lang		lloud responsivel	,			
						•	у			
				P.S.		ocalization e contact wit	h narent			
Anticipatory Guidance: Drooling, Chewing, Teething, Pacifier.				1 .0.		with arms to				
Colds and Fe	ver Review y. Vocal Stimulation				sponsively	parom				
	d for Safe Place to Leave Baby,		Parent's Interactions with Baby NO* = Not observed here							
Aspiration of	O. NO*									
			Touches baby Scolds crying baby							
Immunization	Drug Co. & Lot No.	Expiration Date			s to quiet bal					
DTaP Hib				Spontaneously identifies baby's positive qualities						
IPV				Watches baby's action during visit						
PCV				•	o baby's voic	e with vocal	response			
			Other obser	vations						
SIGNATURE	Development and Parent-Child Interaction									
	c in months.	Date Signed								
ACCULTE TO CHILL	o monus.									

Diet

Plan adding only one new food per week. It is okay to let the parents choose what to add but still keep away from allergenic foods. With addition of solids, stools will become more firm. Add juices and fruits p.r.n. (see 6-8 week visit).

Anticipatory Guidance

Teething, discuss the timing of first teeth (5-9 months), the wide range of normality, the normal sequence of teeth eruption and again great variation in this sequence, gums do most of the chewing so the baby does not need teeth to eat solids.

Drooling, increased mucus, irritability, need to chew, possibly loose stools may all be related to teething. Most babies do not have fever, runny nose or overt diarrhea. Drooling is also due to increased saliva at this age. Chewing is partially from teething but also from the development of "hand-mouth" reflex. A cool pacifier gives comfort to the swollen gums. Use solid teething ring kept cool in the refrigerator. Do not use a ring with liquid inside.

Colds – see handout. Discuss decreased maternal protection by 6 months. More exposure to people and so babies are more apt to get viruses. Diseases may last 7-14 days and the baby can get a new "cold" every two weeks or so.

Fever review - see "6-8 week visit"

Sibling Rivalry

The baby is now very responsive to everyone and gets a lot more attention from father and visitors. Sibs close in age may show more signs of sibling rivalry now. May revert to more immature behaviors.

Vocal Stimulation – The parents should respond to baby's "noises" with speech.

Safety

Use the playpen as a safe place to leave the baby. This is especially needed when there are older sibs running around. The use of the playpen at this time will get the child used to his own "safe territory". As the baby becomes more mobile, the playpen can prevent accidents from occurring when the baby is left alone for a few minutes while the parent goes to the bathroom, answers the phone, goes to the front door, etc. When using infant seats, they should always be placed on the floor. Toys should be large, colorful and washable. The prevention of aspiration of objects should be gone over by reminding parents to always close safety pins and not leave small toys or hard food near the baby.

Home water temperature should be turned to below 120° now.